

Helping the Working Poor Fund 2010-2011

COVER SHEET

Due October 29, 2009 by 4:00 p.m.

Agency Name
Chief Professional Officer, Name/Title
Mailing Address
City/State/Zip
Phone
Email

Proposal Contact Person, Name / Title
Phone
Email
Program Name
Primary Program Address
City/State/Zip
\$
Total Funding Requested from VSUW Helping the Working Poor Fund

Program Type/Status:

- New Program**
- Continuing**
- Expansion**
- Enhancement**
- Expansion & Enhancement**

Program Alignment with Outcome (Choose **only ONE**)

- Individuals *gain and maintain* employment.
- Individuals and families *are* financially independent.
- Individuals and families in crisis *move* toward stability.

Using the "key" in the instructions, indicate ONE Primary service delivery area.

Geographic Delivery Area	SWV		NV		EV		TE		ME		GL		NWV		CPH	
	EPH		WPH		NPH		SPH		WV		VW		SC			

Checklist:

Does the agency conduct an annual independent financial audit? **Yes** **No**

If no, please explain _____

What agency-year has undergone the most recent audit? (i.e. CY 2008, FY 2007/08) _____

What is the amount of the Total Agency Budget? _____

Is the agency listed with the Arizona Department of Revenue as a Qualifying Charitable Organization? **Yes** **No**

Agency Mission Statement:



Cover Sheet Instructions

Agency Name: Full name of the lead agency that is applying for VSUW's Helping the Working Poor Funding. If you are applying as a collaboration between one of more entities, identify the agency that will serve as the fiscal agent.

Chief Professional Officer: Full name and title of the chief executive from the lead agency.

Mailing Address: Identify the main business office location or P.O. Box address for the receipt of official correspondence.

Phone: Provide the direct phone for the person listed above.

Email: Provide the email address for the person listed above.

Proposal Contact Person, Name / Title: Identify a person from the lead agency that can be contacted directly to answer questions regarding this application. Include this contact's title.

Phone: List the identified proposal contact's direct phone number.

Email: List the identified proposal contact's email address.

Program Name: Identify how the lead agency refers to this program (e.g. Phoenix Workforce Program, etc.)

Primary Program Address/Location: List the primary address where the program is offered, including the city and zip code, and describe the location (e.g. 5000 Archduke Dr., Anywhere, AZ 85036/ Westdale Community Center).

Funding Request: Enter the total amount requested from VSUW for this program.

Program Description: Select **ONE** of the following to **best describe** the proposed program:

- *New Program:* A "new" program is defined as a program within your agency that is new to the agency and is currently in the planning/implementation stages.
- *Continuing Program:* A "continuing" program is defined as an existing program that your agency is currently operating and plans to maintain in its current form.
- *Expansion:* A program "expansion" is defined as an existing program that is being expanded to include an additional service delivery area and/or additional clients.
- *Enhancement:* A program "enhancement" is defined as an existing program that is being enhanced by the addition of new services to the same program.
- *Expansion & Enhancement:* A program that is including additional service delivery areas and/or clients at the same time that new services are being added.



Program Alignment with Outcome

Please indicate the one Valley of the Sun United Way Community Long-term Outcome that this program best aligns with. If your program addresses more than one area/outcome, select the ONE that most clearly aligns with the programs primary goal. For more information on the VSUW’s Community Long-term Outcomes, please refer to www.vsuw.org and download the Logic Model Handbook, or contact Charlie Boyce at 602.631.4879 or cboyce@vsuw.org.

Geographic Delivery Area

Using the table below indicate one Primary service delivery area on the Application Form. Identify service delivery area with an “X”.

SWV	NV	EV	TE	ME	GL	NWV	CPH
Avondale	Carefree	Chandler	Tempe	Mesa	Glendale	El Mirage	Central Phoenix
Buckeye	Cave Creek	Gilbert				Peoria	
Gila Bend	Fountain Hills	Guadalupe				Surprise	
Goodyear	Paradise Valley	Queen Creek				Wickenburg	
Litchfield Park	Scottsdale					Youngtown	
Tolleson							
EPH	WPH	NPH	SPH	WV	VW	SC	
East Phoenix	West Phoenix	North Phoenix	South Phoenix	West Valley	Valleywide	Sun Cities	

Checklist:

- Check yes or no to indicate whether the lead agency conducts an annual independent financial audit.
- If no audit, then briefly explain why the agency does not or has not yet undergone a financial audit.
- Identify the timeframe for the most recent audit.
- Fill in the amount of the lead agency’s total agency budget for the 2008/2009 fiscal year.
- Check yes or no if the agency is listed with the Arizona Department of Revenue as a Qualifying Charitable Organization.

Agency Mission Statement:

Provide the lead agency’s formal mission statement.